

et cela gratuitement en leur fournissant le mode d'emploi, avec la seule réserve de vouloir bien noter leurs observations. . . . Ma composition, mes chers collègues, n'est point miraculeuse, ni mystérieuse, pas plus qu'une panacée. Elle a peut-être encore besoin d'être perfectionnée. Je ne pourrai même pas promettre son efficacité dans tous les cas: elle ne pourrait régénérer une tuberculose à la troisième période, car rien ne pourra modifier les alvéoles pulmonaires détruites."

Bernheim then continues:

"Ces paroles donnent une haute idée de la probité scientifique du Docteur Szendeffy. Ni formule secrète, ni panacée! Récemment, on lançait à grand fracas un produit contre l'avarie: c'était la panacée qui allait détrôner le mercure. L'expérience est faite: ce produit prôné à grand renfort de réclame est horriblement douloureux et ne guérit pas mieux que la médication habituelle. Il y a quelques années, un grand savant, Behring, avait trouvé sa fameuse tulase qui devait vaincre la tuberculose: c'était un remède miraculeux . . . sur le papier. Mais formule secrète; mais panacée . . . elle fut peu distribuée aux expérimentateurs et certains savants français virent leurs demandes de tulase refusées. La tulase—a vécu."

Certainly a most convincing way of recommending the new drug to the medical profession, in spite of the uncalled for and especially, in regard to the remarks about Salvarsan, most unprofessional slamming of other authorities.

I used the Dioradine in thirty cases, not choosing any advanced cases, but only those in the first and second stages of tuberculosis, so as to give the drug an absolutely fair trial. In all these cases, without exception, the results have been entirely negative. The drug has not done anything which it was supposed to do. It has not increased the appetite, it has not increased the weight, it has not decreased the cough, or sputum, or fever. In the majority of cases, the patients have shown more cough and sputum, and the rest showed no change whatsoever.

I can only wonder at the fact that the results of Bernheim and his colleagues should be so excellent and mine so entirely discouraging. As for comparing the effect of Dioradine in tuberculosis with the effect of Salvarsan in lues, or rather claiming that Dioradine will be a greater blessing to humanity than Salvarsan has proved to be so far, I can only wonder what induced Bernheim to make such a remarkable statement, a statement which must reflect badly on his judgment and sense of fairness.

I feel justified in warning the profession against the use of this new so-called remedy. It is evidently one of the many new drugs which are put on the market in a clever fashion, and which are advertised in a most convincing manner, but which are absolutely negative in their results. This way of advertising a useless drug, and of trying to fool the profession, cannot be too strongly condemned.

MAX ROTHSCHILD.

MEDICAL EDUCATION.

We are in receipt of a communication from Dr. Flavell B. Giffany, President of University Medical College, Kansas City, announcing

AN INNOVATION.

of that institution

on a novel basis. The college is to cease giving instruction in the subjects of the first and second year and confine its activities to the professional studies of the third and fourth years. It is further proposed to extend the time a year so that the diploma would represent a five years' course. This innovation is indorsed by the American Association of Medical Colleges and by a committee of the American Medical Association. With proper restrictions there is much to be said in favor of colleges of this order. To the young man entering on the study of medicine the university atmosphere and facilities are most desirable, but the location of many such institutions is often far from the madding crowd where clinics are not and hospitals of the cottage variety. There is no reason why the student should not at the end of two years of quiet and steady absorption in the basic studies pass on to a finishing college in a large city replete with the clinical facilities there possible. We already have in San Francisco a similar working arrangement in the division of the Stanford and University of California courses. With proper provision that the entrants to the higher school had satisfactorily complied with the state and national requirements governing the earlier course of study there is no reason why we should not welcome the appearance of properly equipped institutions of this type. Most commendable is the extension of study to five years. Our present four years' course is indefensible in theory and a failure in practice and the sooner we get in line with the rest of the world the better will it be for our profession and the public.

We are in receipt of a circular from the Council of Chemistry and Pharmacy of the American Medical Association, addressed

A SIMPLIFIED MATERIA MEDICA. to the teacher in the medical schools and the members of the State Examining boards.

Quoting Dr. Arthur Dean Bevan, it says: "With the overcrowded condition of the medical curriculum it is highly important that the small amount of time which the student has to devote to the study of drug preparations should be largely spent in obtaining a *thorough* knowledge of the more important drugs rather than in the obtaining of a superficial knowledge of all drugs, the majority of which are of little or no value." To this end the Council of Chemistry and Pharmacy have drawn up a list of drugs and their preparations compiled from the following sources:

1. A joint committee of the American Medical Association and that of the United States Pharmacopædia.
2. The national confederation of State Examining and Licensing boards.
3. The list of articles of *materia medica* used by

the University College, London, in examining candidates.

4. A list of articles included in the protocol of the Brussels conference for the verification of pharmacopeial formulas for potent medicaments.

5. A list of titles included in ten or more of the recently published foreign pharmacopeias.

6. The table of *materia medica* subjects included in the report of the Sub-committee on Pharmacology, Toxicology and Therapeutics of the Committee of One Hundred on a Standard Curriculum for Medical Schools.

This list is submitted for criticism, and considering the sources given above, of whose wisdom it is stated to be a consensus, one would expect it to be well nigh perfect. We were a little alarmed at first sight by noting that there were about seven hundred names in the list. Remembering the oft-repeated statement that twenty would cover all the really valuable drugs and fifty include about everything the majority employ, the simplification seemed nebulous. A further examination showed dupli- and triplication of remedies owing to the method of classification. Eliminating all such we find that the actual list or proposed preparations is 460 in number, and these are as follows:

Mucilage Acaciae	Aqua Anisi	Extractum Cannabis Indicae	Extractum Glycyrrhizae
Syrupus Acaciae	Oleum Anisi	Extractum Cannabis indicae	Purum
Acetanilidum	Antimonii et Potassii Tar-	Tinctura Cantharidis	Pulvis Glycyrrhizae Com-
Acetphenetidinum	tras	Collodium Cantharidatum	positus
Acidum Aceticum	Vinum Antimonii	Ceratum Cantharidis	Gossypium
Acidum Aceticum Di-	Antipyrina	Emplastrum Cantharidis	Gossypium Purifactum
lutm	Apomorphinæ Hydro-	Tinctura Capsici	Oleum Gossypii Seminis
Acidum Aceticum Gla-	chloridum	Carbo Ligni	Granatum
ciale	Argenti Nitratis Fusus	Cardamomum	Fluidextractum Grindeliae
Acidum Acetylsalicylicum	Argentii Proteinas	Tinctura Cardamomi	Guaiacon
Acidum Benzoicum	Tinctura Arnicae	Composita	Guaiaconis Carbonas
Acidum Boricum	Arsenii Trioxidum	Oleum Carl	Guaiaconum
Glyceritum Boroglycerini	Liquor Acidi Arsenosi	Oleum Caryophylli	Tinctura Gualaci
Unguentum Boricum	Liquor Arseni et Hyd-	Cera Alba	Hexamethylenamina
Acidum Citricum	argyri Iodidi	Cera Flava	Homatropinae Hydro-
Acidum Diaethylbarbituri-	Liquor Potassii Arsenitis	Cetaceum	bromidum
cum	Asafoetida	Chloralum Hydratum	Hydrargyri Chloridum
Acidum Hydrochloricum	Tincture Asafoetidae	Chloroformum	Corrosivum
Acidum Hydrochloricum	Oleoresina Aspidi	Aqua Chloroformi	Hydrargyri Chloridum
Dilutum	Atropinae Sulphas	Spiritus Chloroformi	Mite
Acidum Hydrocyanicum	Aurantii Florum, Aqua	Linimentum Chloroformi	Hydrargyri Iodidum
Dilutum	Aurantii Amari Cortex	Chromii Trioxidum	Flavum
Acidum Salicylicum	Oleum Aurantii Corticis	Chrysarobinum	Hydrargyri Iodidum
Acidum Tannicum	Tinctura Aurantii Amari	Unguentum Chrysarobini	Rubrum
Glyceritum Acidii Tannici	Tinctura Aurantii Dulcis	Cinchona	Liquor Arseni et Hyd-
Acidum Tartaricum	Balsamum Peruvianum	Tinctura Cinchonae	rargyri Iodidi
Aconitina	Balsamum Tolatanum	Tinctura Cinchonae Com-	Hydrargyri Oxidum Fla-
Tinctura Aconiti	Tinctura Tolatana	positae	vum
Adeps	Syrupus Tolatanus	Cinnamomum	Unguentum Hydrargyri
Adeps Benzoinatus	Belladonnae Folia	Aqua Cinnamomi	Oxidi Flavi
Oleum Adipis	Foliorum	Oleum Cinnamomi	Hydrargyrum
Adeps Lanæ	Emplastrum Belladonnae	Cinnamomum Saigonicum	Emplastrum Hydrargyri
Adeps Lanæ Hydrosus	Extractum Belladonnae	Tinctura Cinnamomi	Hydrargyrum cum creta
Aether	Foliorum	Cocainæ Hydrochloridum	Massa Hydrargyri
Spiritus Aetheris	Unguentum Belladonnae	Coccus	Unguentum Hydrargyri
Spiritus Aetheris Com-	Foliorum	Codeinæ Phosphas	Dillutum
positus	Unguentum Belladonnae	Codeinæ Sulphas	Hydrargyrum Ammoniat-
Aether Nitrosi, Spiritus	Benzoini Com-	Colchicina	um.
Aethylis Chloridum	positae	Colchici Semen	Unguentum Hydrargyri
Aethylmorphinæ Hydro-	Benzosulphinidum	Tinctura Colchici Sem-	Ammoniati
chloridum	Betanaphthol	inis	Hydrastina
Alcohol Absolutum	Bismuthi Subcarbonas	Collodium	Tinctura Hydrastis
Alcohol Dilutum	Bismuthi Subgallicas	Collodium Flexile	Fluidextractum Hydrastis
Spiritus Frumenti	Bismuthi Subnitras	Extractum Colocynthidis	Hydrogenii Dioxidi, Aqua
Spiritus Vini Gallici	Bismuthi Subsalicylas	Extractum Colocynthidis	Tinctura Hyoscyami
Tinctura Aloes	Cadinum, Oleum	Compositus	Icthyol
Extractum Aloes	Caffeina	Copaiba	Iodoformum
Aloinum	Caffeina Citrata	Creosotum	Iodium
Althoea	Calcii Carbonas Praeci-	Cresol	Tinctura Iodi
Alumen	tatus	Liquor Cresolis Composi-	Ipecacuanha
Aliumen Exsiccatum	Calcii Chloridum	Cræta Praeparata	Tinctura Ipecacuanhae
Aqua Ammoniae	Calcii Hypophosphis	Mistura Cretæ	Pulvis Ipecacuanhae et
Linimentum Ammoniae	Calcii Lactas	Cubeba	Opili
Spiritus Ammoniae Aro-	Calcii Phosphas Praeci-	Oleoresina Cubebeæ	Syrupus Ipecacuanhae
maticus	tatus	Cupri Sulphas	Pulvis Jalapæ Compositus
Ammonii Acetas, Liquor	Calci Sulphas Exsiccatus	Decocta	Resina Jalapæ
Ammonii Bromidum	Tinctura Calumbæ	Diacetyl morphinæ Hydro-	Tinctura Kino
Ammonii Carbonas	Calix	chloridum	Tinctura Krameriae
Ammonii Chloridum	Linimentum Calcis	Extractum Krameriae	Syrupus Krameriae
Amygdala	Liquor Calcis	Fel Bovis Purificatum	Oleum Lavandulae Florum
Aqua Amygdalæ Amarœ	Campphora	Ferri Carbonas Saccharatus	Tinctura Lavandulae Com-
Oleum Amygdalæ Ex-	Aqua Campphora	Massa Ferri Carbonatis	posita
pressum	Spiritus Camphoræ	Ferri Chloridum	Extractum Leptandrae
Amylis Nitris	Linimentum Camphoræ	Pilulae Ferri Chloridi	Limonis Cortex
Amylum	Fluidextractum Cannabis	Syrupus Ferri Iodidi	Oleum Limonis
Glyceritum Amylli	Indicae	Ferri Phosphas Solubilis	Tinctura Limonis

Tinctura Opii Camphorata	Santoninum
Pulvis Ipecacuanhae et Opii	Sapo
Oxygen	Sapo Mollis
Pancreatinum	Linimentum Saponis
Paraffinum	Mollis
Paraldehydeum	Sarsaparilla
Pelletierinae Tannas	Acetum Scillae
Pepsinum	Syrupus Scillae
Petrolatum	Tinctura Scillae
Petrolatum Liquidum	Scopolaminæ Hydrobromidum
Phenol	Seneca
Phenol Liquefactum	Syrupus Senegae
Phenoliphtaleinum	Fluidextractum Sennae
Phenylis Salicylas	Syrupus Sennae
Phosphorus	Serum Antidiphthericum
Physostigminæ Salicylas	Serum Antitetanicum
Physostigminæ Sulphas	Praeparatum
Pilocarpinae Hydrochloridum	Charta Sinapis
Pilocarpinae Nitras	Oleum Sinapis Volatile
Unguentum Picis Liquidæ	Sinapis Alba
Plumbi Acetas	Sinapis Nigra
Emplastrum Plumbi	Sodii Acetas
Liquor Plumbi Subacetatis	Sodii Arsenas
Liquor Plumbi Subacetatis	Sodii Benzoas
Plumbi Oxidum	Sodii Bicarbonas
Resina Podophylli	Sodii Boras
Potassii Acetas	Sodii Bromidum
Potassii Arsenitis	Sodii Cacodylas
Vide Arseni Trioxidum	Sodii Carbonas
Potassii Bicarbonas	Sodii Chloridum
Potassii Bitartras	Sodii Sodii Hydroxidum
Potassii Bromidum	Liquor Sodii Hydroxidum
Potassii Carbonas	Sodii Iodidum
Potassii Chloras	Sodii Nitris
Potassii Citras	Sodii Phenolsulphonas
Potassii Citras Effervescentes	Sodii Phosphas
Potassii Hydroxydum	Sodii Phosphas Effervescentes
Liquor Potassii Hydroxidi	Sodii Salicylas
Potassii Iodidum	Sodii Sulphas
Potassii Nitras	Sodii Sulphis
Potassii Permanaganas	Sodii Thiosulphas
Potassii Sulphas	Sparteinæ Sulphas
Potassii et Sodii Tartras	Strophanthinum
Pulvis Effervescentis Comp. positus	Tinctura Strophanthi
Prunus Virginiana	Strychnina
Syrupus Pruni Virginiana	Strychninae Nitras
Pyrogallol	Strychninae Sulphas
Pyroxylinum	Styrax
Extractum Quassiae	Sulphonethylmethanum
Tinctura Quassiae	Sulphonmethanum
Quinina	Sulphur Lotum
Quininae Bisulphas	Sulphur Praecipitatum
Quininae Hydrochloridum	Sulphur Sublimatum
Quininae Sulphas	Unguentum Sulphuris
Resina	Terebenum
Resina Jalapæ	Terebinthina
Resina Podophylli	Oleum Terebinthinae
Resorcinol	Oleum Terebinthinae Rectificatum
Rhamnus Purshiana	Terpini Hydras
Fluidextractum Rhamni Purshiana	Theobromatis, Oleum
Extractum Rhamni Purshiana	Theobrominae
Extractum Rhamni Purshiana	Sodosalicylas
Tinctura Rhei	Thymol
Extractum Rhei	Thymolis Iodidum
Tinctura Rhei Aromatica	Tiglii Oleum
Syrupus Rhei	Tragacantha
Syrupus Rhei Aromaticus	Tuberculinum
Ricini, Oleum	Fluidextractum Uvae Ursi
Rosa Gallica	Vaccina Varicolae
Aqua Rosæ	Tinctura Valerianæ Ammoniata
Oleum Rosæ	Unguentum Veratrinae
Rosmarini, Oleum	Viburnum Prunifolium
Saccharum	Fluidextractum Viburni Prunifolii
Saccharum Lactis	Zinci Acetas
Salicinum	Zinci Chloridum
Salvia	Liquor Zinci Chloridi
Santali, Oleum	Zinci Oxdum
Santonica	Unguentum Zinci Oxidi

This certainly is a great improvement on the inchoate mass too often presented to the medical student, but as a complete solution it is open to much criticism. As a basis for the latter let us ask what qualification should naturally be demanded of a *materia medica* that we can rightfully insist on every student of medicine thoroughly knowing. We would answer: Firstly, the drugs shall have been examined pharmacologically and found to produce definite physiological results. Secondly, they shall be medicaments that have been fully tried out in practice and are in use. Thirdly, that there shall not be an unnecessary multiplication of substances having identical properties. Subjected to these requirements the 460 medicaments listed can be made to undergo a considerable and much to be desired shrinkage. What specially valuable properties has pharmacological study revealed in Althea, Myrrh, Salvia, Manna or Sarsaparilla? What percentage of physicians of this generation are prescribing *Styrax Krameria*, or *Aq. Amygdalæ Amarae*, the latter an uncertain and dangerous preparation—and thirdly, why burden the students' memory with strychninae nitras as well as Sulphas quininae hydrochloridum as well as Sulphas? Why is the list overcharged with flavoring agents and other useless adjuvants—thus twenty oils and ten flavoring aquas—whose chief function is to nauseate our patients and drive them to little pills, etc? Almost more remarkable than the survivals are the omissions in this list. Why are there only two preparations of digitalis and no alkaloids of that drug? Why does Hydrobromic Acid disappear? We have been using bacterial vaccines for some years, and they certainly are here to stay, but the consensus of pharmaceutical wisdom embodied in this list knows nothing of the modern treatment of boils, gonorrhœal rheumatism, and many other infections. Diphtheritic and antitetanic sera are given, but in the place that should be given to the highly successful serum against spinal meningitis we have *serum preparatum, mutton suet*. We looked for *Salvarsan*, and found *Salvia* (Sage), good, we believe, for dyeing hair, but the report of fifty thousand cases does not seem to have convinced the syndicated intelligence of six special committees that Erlich's discovery was worthy of keeping company with sage and rosemary, honey and manna. Perhaps admission is controlled by the rules that govern some of our learned academies and the portals open only to the old and obsolete.

The circular letter of the American Medical Association touching on *materia medica*, just referred to, commences with this pregnant sentence: "Owing to THE TEACHING OF OBSTETRICS. the increase in the number of branches included in the modern medical curriculum, the time devoted to any one subject has been materially reduced and it has become all but impossible to give more than a 'rudimentary drill' in the subject matter discussed in any one of the several branches." Shortly after the arrival of that communication we received a letter from Dr. Barton Cooke Hirst, Professor of Obstetrics in the University of Pennsylvania, asking the aid of this journal in an endeavor to obtain